Notes for Gynecology & Obstetrics

ORAL EXAM



NOTES OF MEDADTEAM

-contents

Important questions for oral exam

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MEDADTEAM

2010

ONCOLOGY

- **What's the difference between grading and staging?**
 Grading → Microscopic evaluation د/الباثولوجي
 Staging → Clinical evaluation د/النساء
- **Blood spread to LBLB, Why?**

These organs are very rich in blood supply

- **Lung metastasis without brain metastasis, How?**

Paravertebral plexus of veins which are valveless

- **How to differentiate between emaciation and cachexia?**
 Breast
 Emaciation → well developed breast
 Cachexia → destroyed breast (malignancy attack fat)
- **Why is the discharge offensive?**
 Anaerobic infection

CERVICAL CARCINOMA

- **Anatomy:**
 - The ureter is 1 cm away from the cervix.
 - Thickness of cervix = 2.5 cm = 1 inch
- **Why is cervicitis always chronic?**
 1. due to rasemose nature of the glands , so no local ttt reach the gland
 2. fibrosis of the blood vessels around the gland, so systemic ttt is ineffective.
 3. cervical mucous don't shed.

- what's the best line of ttt?
Cauterization كي عنق الرحم

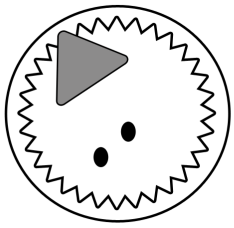
- **Why does cancer cervix become no. 2?**
 1. late age of marriage
 2. early detection
 3. wide scale of circumcision
- **Why cancer endo. Becomes no.1?**
 1. ↑ life expectancy
 2. ERT (estrogen replacement therapy) without Progesterone
- **Why is cancer cervix common in negros?**
 - No circumciosion
 - Intercourse during menstruation
- **What are the types of HPV causing cancer cervix?**
 16 / 18 / **33** / **35** (recent)
- **How smoking predispose to Cancer cervix?**
 Nicotine → ↓immune cells in cervical mucine → + + risk of HPV
- **أهم شروط لحدوث cancer cervix?**

1-estrogen
2- abnormal metaplasia
3- poor immunity

CIN

- **Microscopic pic. :**
 The dysplastic cells show malignant criteria:

 1. large hyperchromatic nuclei
 2. prominent nucleoli + abnormal mitotic figure
 3. serrated edge
 4. ↑ nucleo-cytoplasmic ratio



1) Serrated membrane
2) Hyperchromatic
3) Prominant nucleoli
 + abnormal mitotic figure
4) Increase N/C ratio

- **Mitotic figure.**
 2 – 5 MF / HPF (high power field) → benign
 5 – 10 MF / HPF → border line
 > 10 MF / HPF → malignancy
- **Cytology: Why the smear is called Pap smear?**
 Because the stain used is Papanicolaou
- **Why do we use alcohol 95%?**
 To fix the cells on the slide
- **N.B:** Colposcope = منظار عنق الرحم و ليس منظار المهبل
- **Only indication of cone biopsy?**
 If microinvasion is suspected (abnormal BV are seen)
- **CIN with pregnancy should we start ttt?**
 No, wait till after labour → ↑ immunity

Vaginal delivery? Yes

- **What is LEEP ?**
 Loop electro-surgical excision procedure, used for ttt of CIN II

CANCER CERVIX

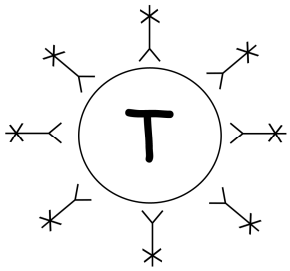
- **What is the incidence of Sq. cell carcinoma & Adenocarcinoma ?**
 Sq. cell carcinoma 95% / Adenocarcinoma 5%
- **Endocervical carcinoma → sq. cell carcinoma?** by Squmous metaplasia
- **Ectocervical carcinoma → Adenocarcinoma?**by Cervical Erosin
- **spread:**
 - **Reach bladder or rectum first?** Bladder → أقرب
 - **When does it reach the rectum first?**
 If there's obliteration of doglus pouch by adhesion (adhesion يعشقmalignancy)
 - **why does cancer cervix Press on ureter rather than infiltration?**
 As ureter is protected by strong fascia cannot be penetrated by malignancy
- **clinical staging:**
 - Microinvasion → least vascular space involvement
 - Macroinvasion → highest vascular space involvement
 - Renal failure. In which stage occur in which stage? 3b
- **treatment :**
 - Werthime → نمساوي

- What is Cott's operation? Presacral neurectomy (palliative ttt)
- Schauto operation : Radical vag. Hysterectomy
- Taussing operation : Removal of LNs from perineal incision

- **Radiotherapy :**

Mechanism of action:

EAO (end arteries obliterans) → necrosis → slough



- **If pt. takes full dose of radiation, could I repeat the dose?**

 No, as the main BVs are closed (EAO)
- **Why radio is contraindicated with pelvic inf.?**

 May lead to flaring up of infection
- **How to diff. bet. Induration of malignancy and inf.?**

 Antibiotic test, if

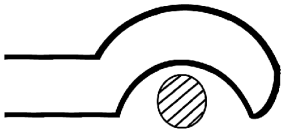
 + ve → infection (induration disappears)

 - ve → malignancy (persistent induration)
- **If you are asked what are the 7 specimen of F.C ?**

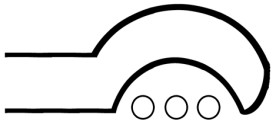
 1. endometrium.
 2. isthmus
 3. uterus (divided into 5) ➔ anterior wall, posterior wall, Rt. Cornu , Lt. cornu, fundus

Cytoscopy in cancer cervix
OR
(Protoscopy)

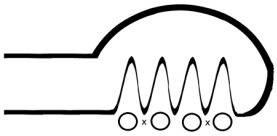
بالترتيب



1) Bulging of bladder mucosa

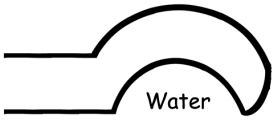


2) Dilated blood vessels



3) Ridges & furrows

1, 2, &3 are operable



4) Bullous edema



5) Ulcer



6) Fistula

4, 5, &6 are Inoperable

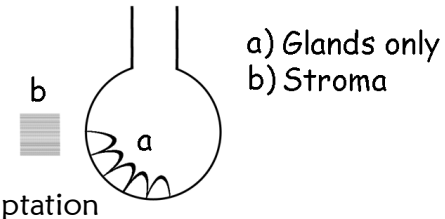
- **Cx Stump Carcinoma :**
 - Incidence : 0.1 - 1 %
 - **Do you prefere total or subtotal hysterectomy?**

 Total , as subtotal hysterectomy ⇨ Cx Stump Carcinoma

ENDOMETRIAL CARCINOMA

- **Anatomy: Isthmus:**
 1. how long? 3-5 mm
 2. Later on in pregnancy? future lower uterine segment (10 cm)
 3. How to diff. bet endometrium. And cervix? Goblet cells are found in the cervix
- **Why cancer endometrium occur with PCO ?**
 PCO → anovulating cycle → ↓metabolism of estrogen
- **Tamoxifen used in ttt of cancer breast not on ttt of endometrial carcinoma?**
 Breast → act as antiestrogen
 Endo. → estrogen against (بيزود السرطان)
- **Cancer endo. Better prognosis than cancer cx?**
 1. above 60 years
 2. superficial 1st then deep spread
 3. post menopausal bleeding is the earliest symptom (early detection)
- **surgical staging**
 a : glands only. b: stroma

II



- **Hormonal ttt (imp)**
 - Not used as 1ry line of ttt, why? due to Adaptation
- **What is Simpson pain?** dull aching pain in lower abdomen at a fixed time of day occur with cancer endometrium.
- **Mention 4 Simpson?**
 - Simpson pain
 - Simpson forceps
 - Simpson theory of endometriosis
 - Simpson artery in round ligament
- **What's the first organ to examine with cancer endo?**
 Breast → cancer يطلع Estrogen أول ما يشم breast
- **Bimanual examination of uterus?**
 بالترتيب ↑ → 1. associated fibroid 2. pyometra 3. associated sarcoma
 or ↓ → postmeno. Women
 or Normal size
- **Invstegation:**

Myometrial invasion ازاي أعرف قبل ما أفتح بطن العيان؟

US (most important) , MRI , CT

➢ **U/S :**

- **Why we use gel?** To avoid air gaps
- **Why the bladder should be full?** Bladder window الصورة أوضح

To see the uterus through the bladder as the space between the u/s and the uterus will be water filling the bladder

- **When should the bladder be empty?** Vaginal U/S, يقرب Ut. عشان ال
- **Abdominal u/s uses?** 1) virgin , 2) 2nd or 3rd trimester
- **Vaginal u/s uses?** 1) all Gyna. Except virgin , 2) 1st trimester

- **How to confirm endocervial carcinoma?** Biopsy

CANCER OVARY

- **How is cancer ovary transmitted in the same family?**
 1. site specific ovarian cancer syndrome (cancer appear in all generations in the same site in the ovary)
 2. breast ovarian cancer syndrome (cancer appear in the breast of one generation and in the ovary of another generation, and so on)
 3. cancer family syndrome (cancer appear each generation in a different place: breast, bone, ovary …. Etc)
- **What's Parthenogenesis ?** asexual reproduction as in germ cell tumors
- **Tumor marker:**
 - Dysgerminoma : alkaline phosphatase, lactate dehydrogenase
 - embryoma & polyembryoma : α FP , HCG
 - choriocarcinoma : HCG
 - Yolk sac tumor : α FP
 - Epithelial tumors : CA125 (carcinoid antigen 125),CEA (carcino embryonic antigen), OCAA(ovarian cancer associated antigen)
 - Sex cord stromal tumors : hormones and receptors.
- **why dysgerminoma is low grade malignancy?**

Contain lymphocytes which indicates :
 1. Indicates immunity.
 2. Radiosensitive.
- **What is Monodermal teratoma?** Ectoderm, Endoderm , Mesoderm.
- **Strüma ovarii:** Thyroid tissue in ovary → T4 (thyrotoxicosis), Normal thyroid with thyrotoxicosis
- **Carcinoid tumor :** Argentaffine cells → SHT
- **How to differentiate between granulose - thecoma cell tumor and sertoli – leydig cell tumor?**

 sertoli – leydig cell tumor → verilization (Androgen)
 granulose - thecoma cell tumor → bleeding (estrogen)
- **How to differentiate between thecoma and fibroma?**

 By fat stain (Sudan III → orange, Osmaic acid → black)
 Thecoma → +ve
 Fibroma → -ve
- **Meig's syndrome:** fibroma + Rt. hydrothorax + ascitis
 - ascitis due to irritation of peritoneum by fibroid → fluid
 - Rt. hydrothorax due to communication between abdominal cavity (ascitis) and right pleura.
- **Pseudo Meig's syndrome :**

 Any benign solid tumor except fibroma + Rt. hydrothorax + ascitis
- **What is the origin of paraovarian cyst?**

 It is the remnant of wollfian duct between the two layers of the broad ligament.
- **Does paraoavarian cyst move to right or left?** No it is fixed.

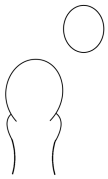
- **What is the treatment of paraovarian cyst?**
 Inoculation and removal is the best line of treatment.
- **Krunkenberg tumor :**
 - Origin : stomach (70 %) 2- breast 3- colon
- **Cancer stomach spread to both ovaries, how and what's your prove?**
 Through retrograde lymphatic spread.
 - Prove :
 1. affect medulla before cortex
 2. Reach ovaries before penetrating stomach wall.
 - Prove it's from stomach → signet ring appearance of muci– adenocarcinoma *of the stomach.*
- **Sex cord stroma tumor secretes :**
 ♠ Androgen
 1. defeminization
 2. verilization

 ♠ Estrogen:
 - before puberty → precious puberty
 - child bearing period → bleeding
 - postmenopausal → endometrial carcinoma
- **Why the hair of teratoma is black in color?**
 Cancer take the dominant character & black is dominant.
- **Why internal papillae are more dangerous than external?**
 As internal indicates malignancy.
- **serous tumors:**
- **what's the cause of myxoma peritonii ?** due to implantation of mucin secreting cells on the peritoneum after rupture of mucinous cyst in the abdomen.
- **ttt** : 1. Aspiration
 2. Application of phosphorous (intraperitoneal irradiation)
- **Why pseudo?** → as it differs from normal mucin microscopically , it is different than the body mucin.so it is not true mucin , but grossly it is similar to body mucin.
- **Spread :**
 - Site of para aortic lymph node at the origin of the renal artery.
 - Reach pelvic lymph nodes through retrograde lymphatic spread.
 - **How to diagnose cancer ovary clinically?** Left supra clavicular LNs metastasis .
- **What's the stage of cancer ovary if it reach bladder, superficial liver metastasis?**
 - Bladder : II b, Liver: III
- **site of biopsy : malignancy عشان أطمن أنه مفيش**
 1. Doglus pouch.
 2. subdiaphragamtic pertinoum.
 3. para aortic gutter.
- **Treatment :**
- **What's the drug used in chemotherapy treatment?** Taxol.
- **What's radical oopherectomy?** Panhysterectomy + omentectomy + removal of pelvic peritoneum, tubes, ovarian tumor (in the ttt of stage II)

- **what are the irresectible part in debulking operation ?**
 1. Para – aortic (rupture aorta)
 2. Porta-hepatic (portal artery & vein)
 3. Peritoneum .
 4. Bone

- **Difference between ovarian tumor and fibroid?**

Benign	Fibroid
1.↕ movement 2. cystic 3. central dull, peripheral resonant 4. separated from uterus 5. felt abdominal 6. –ve cross mobility test	1.↔ movement 2. firm 3. uterine soufflé 4. continuous with uterus 5. lower pole cannot be felt abdominal 6. +ve cross mobility test





- **in one word differentiate between cancer ovary & fibroid ?**
 - Fibroid → pelvi-abdominal
 - Ovary → abdominal.
- **Preoperative preparation:**
 - ♠ colonic preparation :
 1. enema daily for 3 days
 2. fluids except milk
 3. neomycin & flagyl
 - ♠ **Why?** To avoid fecal peritonitis
- **in case of torsion of ovarian tumor what's the pedicle formed of ?**
 1. ovarian artery.
 2. uterine artery.
 3. infundiblopelvic ligament
- **torsion مين أكتر عرضة لل ?**
 1. puerperium (wide abdomen)
 2. pregnancy (2nd trimester)
 3. non- pregnant راقصة (sudden movement
- **What's ovariotomy ?** removal of ovary containing neoplasm.
- **What's ovariectomy** ? removal of ovary not containing neoplasm
- **Effect of pregnancy on ovarian tumor :**
 - 1st trimester → rupture or hge (الورم مزنوق في الحوض و يضغط عليه)
 - 2nd trimester → torsion (بطنها واسعة)

- 3rd trimester → rupture or hge.
- Labour : rupture or hge + incarceration
- Puerperium : torsion due to laxity + infection

- **Effect of ovarian tumor on pregnancy :**
 1. Abortion
 2. premature labour
 3. malpresentation
 4. obstructed labour
- **Ovarian swelling** :
 - **Non neoplastic:**
 A. Functional :Follicular cyst, Corpus leutin cyst, Theca lutein cyst
 B. PCO
 C. Endometriosis
 D. Tubo ovarian cyst
 E. Tubo ovarian abscess
 F. Germinal inclusion cyst
 - **Neoplastic** : Benign & malignant.

INFERTILITY

- **Def. (imp.)**
- **2ry Infertility**
 Why 2ys after termination of pregnancy?
 Allowing to lactational amenorrhea & anovulation
- **<u>Male factor:</u>**
 - **In case of male infertility, when should I repeat the ttt?**
 After 90 days (3 months)
 - **Why?**
 Spermatogenesis takes 90 days
 - **A boy 15 years old with undescended testis, what's the ttt?**
 Scrotum أنزلها ل
 - **Why?**
 because it's potentially malignant
 - **But the incidence of malignancy is the same in abdomen & scrotum**
 I can detect malignancy earlier in scrotum
 - **اشلها؟** → no → female يقلب
 - **Can I use a condom to collect semen for analysis?**
 No
 - **Why?**
 a) Contains spermicidal material
 b) Rubbery consistency kills the sperm
 - **How to keep semen at body temprature?**
 يحطه في جيبه / يمسكة في أيده
 - **aspermia = no semen = no ejaculation**
 - **semen analysis:**

- **vitality = 60% motile after 4 hours why 4 hours?** The distance between external os and seminal pool
- **liquefaction time** = 1/2 hour by prostate (seminase**), and coagulation time :** immediate (by seminal vesicle)

❖ **Female factor :-**

- **Pseudo ovulation → imp oral -Luteinized un- ruptured follicle syndrome**
- **What's the proof of ovulation?** Pregrancy.
- **Most important Cause of Infertility in ovary?** PCO
- **At which day can I detect progesterone in blood?**
 Minus 6/7 days (If menstrual cycle is 28 days → at 22 days)
- **What's the + ve feed back في المنهج?**
 Estrogen & LH
 EST. 200 Pg/ml for 36 hours → LH surge.
- **Shape of intermediate cells & superficial Cells?**
 Superficial → 1- sharp border.
 2- Deeply stained nucleus (pyknotic)
 3- Acidophilic
 Intermediate → 1- folded edge
 2- Vesicular N.
 3- Basophilic cyroplurom.

Basal body temprature Curve (draw)

- **Detection of FSH at which day?** 2nd or 3rd day of cycle.
- **dated premenstrual endometrial Biopsy:-**
 *** When?** 2-3 day before menstruation
 *** How?** Novak's or sharman curette
 *** اكحت العيانة أحسن في العيادة أو المستشفى ؟**
 المستشفى→ under General Anaesthesia, to take full biopsy from cornu to exclude TB endometritis

❖ **Induction of ovulation:**

- **clomide ايه شروط الـ**
 - Hypothalomo – pit – ovarian axis → شغال = الدورة منتظمة
 - **If amenorrhea?** 1- Give progesterone
 2- Stop progesterone
 3- If bleeding occurs → axis شغال
- **Clomide أدي معاه اية؟**
 - Acetylcysteine (دواء كحة) at 9th day of menses for 1 week
 - **Why?** mucolytic → facilitates the entry of sperms
- **Why 5th day (زمان)?** ↓ incidence of multiple pregnancies
- **Recently 2nd or 3rd day, Why?** ***incidence at multiple pregnancies is the same (in 2nd or 5th day)***
- **Why don't we give it in the 1st day?** to be sure that the Patient is not pregnant
- **Can clomide induce Infertility?** yes if taken in an inadequate dose

ttt → adequate dose of clomide

- **أمتى أدي GNRH على طول ؟**

In case of PCO (high LH), → axis الـ عشان يوقف , decrease LH

- **Luteal Phase Defect, How to treat?**

Give progesterone→ if pregnant → continue for 3months (for placenta to develop)

- **Tubal factor of Infertility**
 - **Factors required in the tube for pregnancy to occur**
 a) Patent
 b) Healthy (moving cilia)
 - **Tubal patency test: أم كله diagnosis نصف الـ** 1/2 diagnosis only
 - **Commonest complication of tubal patency test?** Collapse (vasovagal attack) allergy
 - **Infertility: أسأل علية في عيان history أهم**
 History of previous operation
- **Hysterosalpingography**
 - **Fractionated أحقن على مرة واحدة او**
 → Fractionated
 Why? To avoid tubal spasm (dye)
 - **injection of dye should be :**
 1- Fractionated
 2- according to the capacity of uterine cavity.
 - **Which better urographine or lipidol?**
 Never mention which is better
 Mention → the advantage & disadvantages only.
 - **what's value of lipidol :**
 1- oil → dislodgement of mucus plug
 2- iodine → lysis of adhesions
 - **Why HSG timing 2-5 day after end of menstruation?**
 1. no menstruation
 2. exclude pregnancy

Laparoscopy:

- **Laparoscope**
 1- diagnosis of 50% of cases
 2- laparoscopy + Premenstrual endometrial biopsy→diagnosis of 80 %of cases
- **Which should be done first, injection of methylene blue or curettage?**

Injection of methylene blue is done first to avoid embolism
If curettage is done first, methylene blue may get introduced in the blood vessels → embolism → patient dies

- **Indication of laparoscopy in infertility?**

1) **Diagnostic**:
 a) ***Tubal factor:***
 1. Peritubal adhesions
 2. TB (caseastion)
 3. Hydro/pyosalpnix.
 4. Tubal Patency test
 b) ***Uterine Factor:***
 1. hypoplastic.
 2. Septate

3. RVF
4. Subserous fibroid.

c) Ovarian factor:

1. PCO
2. Turnner
3. CL (Corpus letum)
4. Ovarian cyst

d) Peritoneum: Endometriosis

(2) Therapeutic

a) laparoscopic adhenolysis
b) ZIFT.
c) Laparoscopic Myomectomy
d) laparoscopic ventri-suspension
e) laparoscopic drilling
f) cyst aspiration
g) ovum Pick up.
h) Endometriosis

Contraindication :

- Very obese
- hernia
- previous laparotomy
- Respiratory or Heart disease
- During Menstruation

Complications:

1. Anesthesia Complications
2. Respiratory or heart failure
3. augmentations of hernia
4. Surgical emphysema.
5. injury of intestine
6. Burn
7. Haemorrahge.

- **ttt of tubal factor (v. imp oral)**
- **prevention (imp)**

Micro surgical techniques

1- good exposure
2- Fine instruments
3- Good quality suture
4- Good hemostasis
5- Cover any raw peritoneal surface
6- Antibiotic to avoid infection

- **Types of suture?**

type	vicryl	Chromic catgut
Absorbed by	Enzymatic reaction	Foreign body reaction

- **Operations of tuboplasty ?**
 1. fibryolysis
 2. salpigoplasty
 3. excision and end to end anastmosis
 4. tubo-cornual anastmosis
 5. adhenolysis
- **Which is the best operation?** Adhenolysis
 NB: fimbrio- ovario pexy (new operation)
- **How can cervicitis cause infirtility?**

Antibodies against organism→ May attack sperms

- **What's the rarest cause of infertility?** RVF
- **How can fibroid cause infertility**? Elongation of the cervical canal
- **How many sperms normally move in a high power field?** 5 Sperms
- **In ttt of cervical factor, why EE (estrogen) is give in a small dose?**

To avoid –ve feed back on the hypothalamus if given in large dose
But a small dose acts locally on the cervix to ↑ quality of the mucus

- **How can Progesterone cause infertility, but can be used for the ttt of infertility?**

Synthetic Progesterone → induce infertility by – ve feed back mechanism
Natural Progesterone→ used as ttt

- **If semen analysis of male is normal , what are the investigation done for the female?**

o if 1ry infertility → 1- ovarian factor, 2-tubal factor, 3-others
o if 2ny infertility → 1- tubal factor, 2- ovarian factor, 3- others

ARTIFICIAL REPRODUCTIVE TECHNIQUES (V. IMP)

1- artificial insemination = IUI تلقيح صناعي
 Intra uterine insemination
2- ZIFT (zygote intra fallopian transfere) & GIFT (gamete intra fallopian transfere)
 Why is it obsolete now? Because it causes ectopic pregnancy
3- IVF & ET أطفال أنابيب
 When to use it? In tubal factor of infertility
4- ICSI
 Intra cytoplasmic sperm injection
5- SUZI (not used in Egypt)
 sub zonal injection

- **What's the proof of ovulation?**

e) pregnancy
f) laparoscope [stigmata of ovulation]
g) tubal flushing : recovery of oocyte from the tube
h) Uterine flushing: recovery of embryo from uterus.

AMENORRHEA

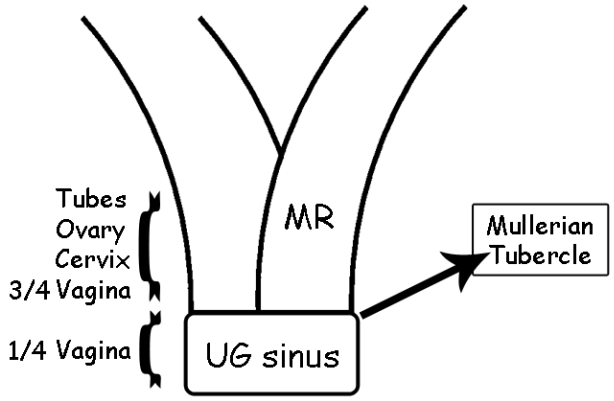
- **Why there's no incidence?**
- As amenorrhea is a symptom rather than a disease
- **Age of menarche?** 9 – 13ys.
- **A female with amenorrhea at age (12, 14, 16) what's your diagnosis?**
- 12 ys → normal
- 14 ys → look for secondary sexual characters → +ve → wait till the age of 16 Then examine again → -ve → 1ry amenorrhea
- 16ys → 1ry amenorrhea
- **2nd amenorrhea?** If 6 months passed without menses
- **What are the general causes of amenorrhea?**
 1. Marked hyperthyroidism
 2. Marked hypothyroidism
- **Why**? As it induces changes in the basal metabolic rate
- **What's the commonest cause of amenorrhea?**
 Pregnancy
- **2nd commonest cause?** Psychological
- **Commonest uterine cause of amenorrhea ?** IUA

FALSE AMENORRHEA

- **Is false amenorrhea a 1 ry or a secondary amenorrhea?**
 1ry & 2ry
 1ry → imperforate hymen, transverse vaginal septum, cervical stenosis (if congenital)
 Secondary → cervical srenosis (if acquired)

• **Why chocolate in cryptomenorrhea?**
 1. absorbed water
 2. ruptured RBCS hemosiderin

- **Embryology of the hymen**
 Mullerian tuberucle



- **Why urine retention occurs in case imperforate hymen?**

As the collected blood causes stretch rather than compression of the urethera.

- **By inspection, how does the imperforate hymen looks like?** skin
- **Why do we do Intra Venous Pyelography**? To detect any associated kidney anomalies as the kidney develops from the urogenital sinus.
 Ex. double ureter, ptosed kidney, single kidney.
- **What's the most imp step before hymenotomy?** Antibiotics.
- **Why fluid is allowed to escape slowly?**
 1- to prevent tubal regurgitation of blood
 2- sudden evacuation → pull of blood from the brain →shock (splanchnic shock)
 - **N.B : no PV :**
 1. virgin
 2. premature rupture of membrane (lead to infection)
 3. placenta previa (lead to sepration of placenta)

- **How to differentiate between pregnancy and cryptomenorrhea?**

Never to say pregnancy test or sonar

1. history
2. examination : abdominal or FHS

- **Why anesthesia in cryptomenorrhea ?** as lithotomy in virgin → psychic trauma
- **Why antibiotics in cryptomenorrhea?** As blood is culture for organisms.

Tuner syndrome

- **During neonatal period, now can the doctor detect a case of tuner?**
- isolated edema of hand & foot
- Confirm by x – ray: short 4th metatarsal & metacarpal.
- **How can u detect coarctation of aorta?**
 Differential hypertension
 Upper limb → hypertension
 Lower Limb→ Normal
- **What's Sweyer's syndrome**? It's mixed gonadal dysgensis type of tuner syndrome.
- **Short stature and amenorrhea?** Turnre

Sheehan syndrome

- **What are the causes of death?**
 1- hypertension
 2- hypoglycemia
 3- cold intolerance
- **ttt: why should we give cortisone 1st then T4 ?**
 cortisone 1st to face the stress of T4

OVARIAN CAUSES OF AMENORRHEA

- **What's the difference between premature ovarian failure & resistant ovary syndrome " savage syndrome "**

Premature ovarion failure:

‹ 40 years old, ↑ FSH, No follicle by laparobiopsy,
ttt ERT

Resistant ovary syndrome:

↑ FSH, follicle is seen by laprobiopsy,
ttt Estrogen or FSH, LH

- **What's halban syndrome?**

it's a corpus luteum cyst (short period of Amenorrhea followed by bleeding)

- **Mention cases when normally LH level is higher than FSH ?**

1- at ovulation (LH surge)
2- at puberty (midnight LH surge)

PCO

- **What are the advantages of induction of ovulation?**
 1. increased number of follicles (↑ incidence of pregnancy)
 2. Medical trauma to the ovary.
- **What's the advantage of surgical treatment: bilateral Wedge resechion?**
 1. Mass of theca cells androgen
 2. Surgical trauma to the ovary.
- **Laparoscopic drilling :**
 How many pores? 4
 Why 4 only? To ovoid injury of the ovaries → menopause.
 What's the depth of the pores? 1 mm
 Why 1mm? To avoid injury of the hilum.
 Is it done uni or bilareral? Unilateral
 أول ما العيانة تقولك أية في التليفون تعرف ان العملية بتاعة **drilling نجحت** ؟ لو قالت لك الدورة رجعت
- **Virgin, PCO patient what's treatment?**
 1- ↓ weight
 2- cidophage
 3- progesterone (to avoid endometrial hyperplasia for 3 months then stop 3 months
- **What's Levi – loran syndrome?**
 Low stature (No GH)
 Infantilism (No gonadotropins)
- **How can obesity cause Amenorrhea & bleeding?**
 - E1 → -ve feed back on pituitary → induction of Amenorrhea
 - E1 → induction of endometrial hyperplasia → bleeding

 NB. E1 is formed in the adipose tissue

Asherman syndrome

- **The patient may come complaining of menorrhagia?**
 If there's infection (which induces congestion)
- **IUD may be used for ttt of Asherman syndrome, which type of IUD?**

Inert type, as if copper is used it may lead to endometritis → adhesions

- **Which better loop or catheter in the treatment of IUA?**
 Loop as catheter which will introduce infection

Empty sella syndrome

- **Why prolactin increases?**
 1. Compression by subarachnoaid space on pituitary stalk → no PRL inhibiting factor (PIF) → ↑ PRL
 2. Assoiciated adenoma secreting PRL (prolacrenoma)
- **Why is it called empty sella syndrome?**
 Radiological name (pneumo-encephalogram).

Hypothalamic causes:

- **Ballet dancer amenorrhea?**
 a) anorexia nervosa
 b) Prolonged vigorous exercise
- **Which is more dangerous arorexia nervosa or bulemia?**
 Bulimia →electrolyte imbalance.

GALACTORRHEA AND HYPERPROLACTINEMIA

1- What is the difference between milk as discharge of Galactorrhea and Pus?

- Milk dry when you leave it on a tissue or paper (ينشف لما تتركه) while Pus don't dry when you leave it on tissue or paper (لا ينشف لما تتركه)
- Any discharge from Breast is galactorrhea except yellow discharge this is Pus and Red discharge which is Blood.

2- What are the side effects of Bromocryptine?

a- cramps
b- central nausea and vomiting
c- Hypotension (postural).
d- Headache

- **Why does it cause postural hypotension?**
 As it has dopaminergic action cause VD of Blood vessels so pull Blood from Brain.

3. Why Galactorrhea occur in third cases only with hyperprolactinemia?

- Hyper estrogenic state.
 Estrogen →↑ Prolactine but inhibits it's action and this is called Paradoxical action.
- Big big form of prolactine: as Increase of molecular weight → cause decrease in activity.
- No receptors in the breast.

1. How to examine breast for Galactorrhea?

By gentle pressure starting from the base of the breast to its summit in the 4 quadrants.

2. What's the expected size of the uterus by examination?

* Increase: in case of estrogen producing ovarian tumor.
* Decrease: in case of long standing hyperprolactinemia.
* Normal.

FIBROID AND ENDOMETRIOSIS

1. **What is the correct name of fibroid?**
 Leiomyoma (smooth muscle tumor).
2. **What are the other names for fibroid?**
 Leiomyoma and fibroleiomyoma.
3. **What is the incidence of fibroid?**
 10-20% at age of 30-40 years
4. **Although Incidence of fibroid is 10-20%, why don't we see it alot as a clinical case or as clinical presentation?**
 Because it is asymptomatic in the majority of cases.
5. **Why fibroid is common in high socio – economic classes?**
 Because they eat more fat which is reach in estrogen and they bring a small number of children
6. **Conditions of hyper estrogenic state?**
 - Fibroadenosis of the breast
 - cancer breast
 - fibroid
 - endometriosis
 - endometrial hyperplasia
 - endometrial cancer
 - benign & malignant ovarian tumors
 - metropathia hemorrhagica
7. **Conditions in gyna & obstetrics that occurs more in Negros?**
 - fibroid
 - cancer
 - pre- eclampsia
 - binovular twins
8. **Why cervical fibroid is usually huge in size?**
 As it is near to uterine Artery – having very good blood supply
9. **Does a fibroid have a true capsule?**
 No, fibroid has a pseudo capsule because it is formed from compressed muscle fibers
10. **What is the advantage of the pseudo capsule?**
 a. it is a plane of cleavage
 b. it is a source of blood supply (the blood passes to it and it delivers it to the interstitial part)
11. **What are parasitic tumors?**
 a. ovarian tumors – cause torsion
 b. Sub serous fibroid – cause torsion.
12. **Why does fatty change in fibroid Precede calcification?**
 Because calcium ions need free fatty acids to form compounds as (calcium palmate) to be precipitated in tissues → saponification.
13. **What is the shape of the uterus after calcification?**
 a. Whomb stone,
 b. egg shell appearance,

c. onion skin appearance or
d. Honey comb appearance.

14. Why does Red degeneration occur mostly in pregnancy?

Due to:
a- +++ fibrinogen level
b- +++ vascularity
c- Kinking of vessels (- - - blood flow in uterine artery).

15. In Red degeneration, why the cut section is red?

Due to the presence of Hemoglobin

16. Why does the cut section of Red degeneration have fishy odor?

a. Due to rancidity of fat (effect of lipoid toxins).
b. Decomposition of blood (due to long period of stasis).

17. What is the best line of treatment of case of red degeneration?

Conservative treatment is the best line of treatment but in case of shock Laparotomy is the best line of treatment

18. What is the % of malignant changes in fibroid?

0.5 % and it changes to leiomyosarcoma

19. How can u detect malignant change of fibroid at operation?

a. the cut section in yellowish
b. There are areas of Hemorrhage and necrosis.
c. there is loss of whorly appearance
d. there is difficulty in enucleation
e. it will be fleshy in consistency

20. How can you confirm presence of malignant changes?

By presence of more than 10 mitotic figures high power field (>10 / HPF)

21. Mention causes of pain with fibroid?

A. There is pain with complications:
- acute abdominal pain in red degeneration

B. There is pain with out complications:
a. abdominal discomfort – in case of huge sized fibroid
b. back ache due to stretch of utero sacral ligament
c. Colicky pain in submucous type.
d. Dysmenorrhea in congestive cases.

22. Common symptoms of fibroid?

- asymptomatic

23. Commonest treatment of fibroid?

- no treatment

24. Commonest symptom of fibroid if symptomatic?

- bleeding

25. In fibroid, No treatment if asymptomatic except……?

- site

- cervical (compress the ureter)
- sub serous (torsion may occur)
- rapid enlargement (malignancy)

- huge (compress ureter)

26. General examination of fibroid patient=➔pallor, but when is she flushed?

- if polycythemia which occurs due to **fibroid pressure on renal artery** which leads to:
 - decrease in renal blood flow
 - increase in erythropoietin
 - +++ bone marrow
 - +++ RBC (flushed face)

27. most important investigation for fibroid

- Ultrasound, its applied abdomino vaginally to detect associated pathology.

28. When do you do IVP for patient before operation of fibroid?

- cervical fibroid
- broad ligament fibroid
- huge fibroid

- **all those compress the ureter**

29. What is the significance of leucorrhea and blood stained discharge?

It helps in determining the onset of the condition as a patient complaining of leucorrhea means she's in the early stage of the condition, while a patient with Blood stained discharge means she is in a late stage of fibroid

30. What are types of fibroid in which the uterus is symmetrically enlarged?

a. submucous fibroid
b. single fundal interstitial fibroid

31. How can you differentiate between true and false broad ligamentary fibroid? By using IVP,

- In true ligamentany fibroid → the ureter is medial to the detected mass
- In false ligamentany fibroid →the ureter is lateral to the mass.

32. How can you decrease blood loss in myomectomy operation?

- Pre operative:
 a. Hb must be more than 11 g%
 b. Blood transfusion must be available (2 units)
 c. The operation is done post menstrual
 But it is applied pre menstrual in case of menorrhagea as heavy menstrual bleeding Decreases Hemoglobin level
 d. Wait 3 months, Give GnRH analogue: 3 shots it ↓↓ vascularity
- Operative:
 Temporary haemostasis can be done either by:
 a. Bonney's myomectomy clomp
 b. By assistant hands
 c. Rubber tourniquet
 d. Intra myometrial Injection of vasopressin.
 More than 15 minutes (crush syndrome occur)
- Uterine incision: Criteria to ↓ bleeding
 a. Central incision rather than peripheral
 b. Least Number of incisions.

33. How can you reach post wall myoma?

Trans Cavitary
Tunneling
Bonney's hood operation
Direct with covering with omentum.

34. How to differentiate endometrial from cervical fibroid polyp?

- rotate sound around ➔ it can rotate freely around endometrial polyp

35. Symptoms of cervical fibroid?

- don't forget both polyp & interstitial

36. (VIP) Why we always do hysterectomy with cervical fibroid?

عاده أكون داخل أعمل myomectomy فأضطر أعمل hysterectomy؟

- as cervical fibroid is ==➔ very vascular
 ==➔very huge & deep so leaves deep dead space
 معرفش اسد مكانه

37. WHAT are the causes of menorrhagia and metrorrhagia in fibroid?

Menorrhagia is caused due to:

a. Increase in surface area.
b. Increase in vascularity of uterus.
c. Fibroid mechanically interferes with uterine contractions so increases bleeding.
d. Endometrial hyperplasia.
e. Associated hormonal imbalance.

Metrorrhagia is caused due to:

a. Necrosed tip of submucous polyp.
b. Infected tip of polyp.
c. Sarcoma.
d. Endometrial carcinoma.
e. Associated hormonal imbalance.

38. How can you differentiate between fibroid and ovarian tumour by abdominal examination?

Fibroid:

1. There is side to side movement.
2. It is firm in consistency.
3. By auscultation we hear uterine soufflé.
4. By local examination: it is continuous with uterus, +ve cross mobility test, lower pole can not be felt abdominally.

Ovary:

1. There is upside movement.

2. Cystic in consistency.
3. By auscultation it is silent.
4. By local examination separated from uterus, -ve cross mobility test, can be felt abdominally.

39. How can you differentiate between endometrial polyp and cervical polyp?

By sound if it rotates all around the polyp so it is endometrial polyp, if not cervical polyp.

40. Classification of Endometriosis?

1- Endometriosis interna
2- Endometriosis Exterrna
3- Associated Endometriosis.

41. The most important sites of endometriosis externa ?بالترتيب

- ovary
- uterosacral ligament
- Douglas pouch
- باقى الاماكن نادره جدا

42. triad====➔ تقوله لك العيانه فى التليفون===➔endometriosis until proved other wise

- pain
- infertility
- menstrual disturbance

➔as it is a disease of symptoms rather than signs

43. Why acute abdominal pain is rare in endometriosis?

As in most cases the cysts are surrounded with fibrosis so rupture of acyst is very rare.

44. What're the causes of nodules in Douglas pouch?

1- Cancer ovary.
2- TB
3- Endometriosis (tender).

45. In endometriosis, what is the blood test done for follow up?

- CA 125 for follow up only

e.g.: 70==➔30==➔70 و هذا فى أى سرطان ايضا

ttt responded recurrence

46. Which treatment is better in endometriosis? Progesterone or danazole?

- danazol more effective ➔it induces pseudo menopause better than progesterone which causes pseudo pregnancy but danazol with virulizing side effect

47. فيها حاجه لو نسيت قرص من أقراص العلاج؟

 لازم علاج متواصل 9 شهور و لو نسيت قرص تعيد من الاول

As shedding of menstruation==➔recurrence

48. Mention 2 cases associated with Menouria. (youssef sign)

1- Uterovesicale Fistula.
2- Endometriosis (Extra genital site = bladder).

49. In hormonal treatment of endometriosis we use synthetic or Natural progesterone?

Synthetic as it decrease SHGB (sex hormone binding Globulin) →

↑ free androgen→ destroy endometriosis.But it's not associated with Verilization as the Androgen doesn't reach verilizing dependent dose.

50. Why there is no hormonal treatment for endometriosis interna?

As the basal layer is refractory

51. How can you differentiate between fibroid & Endometriosis interna (both have whorly appearance in cut section)?

Endometriosis Interna have No capsule.

52. Differential diagnosis of symmetrically enlarged uterus?

In Obstetrics:

a. Normal pregnancy.
b. Abnormal pregnancy.
c. Subinvolution of uterus.

In Gyna :

a. Fibroid (submucous, single fundal interstitial fibroid).
b. Diffuse adenomyosis.
c. Pyometra.
d. Haematometra.
e. Metropathia haemorrhagica.

VESICO VAGINAL FISTULA

Vesico vaginal fistula	Uretero –vaginal fistula
• Incontience through the vagian • Day and night • No desire of micturation except if small, high, valvular	• Incontience through the vagina • Day and night • Desire of micturation except bilateral, non functioning kidney, combine VVF + UVF

- **Definition?**

- abnormal communication between urinary bladder & vagina

Normal طيب هو فيه

- yes , between mullerian ducts & urogenital sinus there was communication (embryology زمان فى ال)

- ***Commenest cause of vesico vaginal fistula?***

- obstetric trauma.

- **What is the commonest presentation for utero vesical fistula?**

Menouria (youssef syndrome)

- **Mention 2 youssef syndrome?**

- utero vesical fistula
- bladder endometriosis

- **How to diagnose urthero vaginal Fistula by Telephone?**

Double stream micturition

- **How can obstetric trauma cause fistula?** V.imp

Necrotic	Direct
obstructed labour	Instrumental delivery.
1 w after labour	Immediate
large	Small
More fibrosis	Less fibrosis
Bad prognosis	Good prognosis

- **Vulvitis is squeal of vesico vaginal fistula, is it primary or secondary? What is the difference?**

- 2ry =➔irritation by urine but 1ry is due to organism infecting the vulva 1ry

- **What's the difference between Soreness & Pruritis?**

Soreness → حرقان
Pruritis → هرش

- **Mention 6 causes for amenorrhea associating fistula?**

3Pathological:

1. psychological
2. Sheehan syndrome (VC in all the body → necrosis in Pituitary gland)
3. Asherman (Intra – uterine adhesion due to over curettage)

3 associations:

1. Lactational
2. New Pregnancy
3. Hysterectomy

- **Value of scar in vesico vaginal fistula?**
 - hysterectomy scar (cause of fistula)
 - previous repair scar (recurrence)
 - CS scar (obstructed labor is the cause of fistula)
- **Large opening or small ones easiest felt?**
 - both the same as I feel the fibrous tract not opening itself
- **Explain kidney function tests?**

Kidney function tests (imp.)

Creatinine < 1 mg
Urea 20-40 mg%
Uric acid 4-8 mg%
Creatinine clearance test 125mglmin = amount of plasma cleaned from creatinine / min.

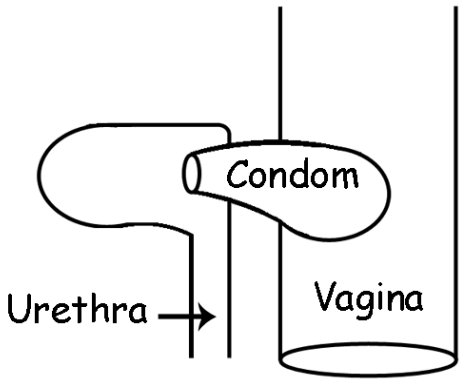
- **PV examination value**

- number, site , size but don't forget=➔ vaginal capacity

تلف صوابعك ====> واسعه===> أعملها أنا
=====> ضيقه===> أبعتها مسالك يعملها أحسن

- **How to collect urine sample to perform urine analysi**

Dr Salem==➔ close the defect by a gauze through vagina while inserting catheter to collect sample
Dr Khaled==➔ insert condom in the fistula through vagina till you collect the sample

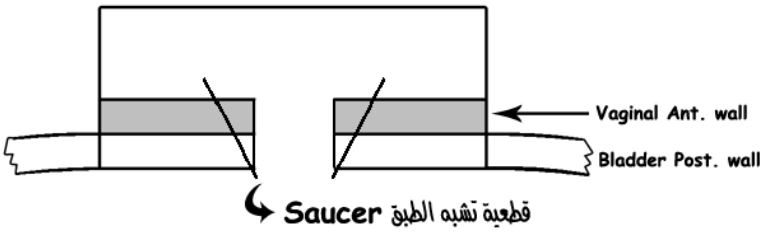


2- When to expect the occurrence of vesico vaginal fistula?

- (obstetric) لما تكون طولت فى ولاده
- طيب و الحل؟
- Catheter for 2 weeks + antibiotics
 It will either heal or decrease in size

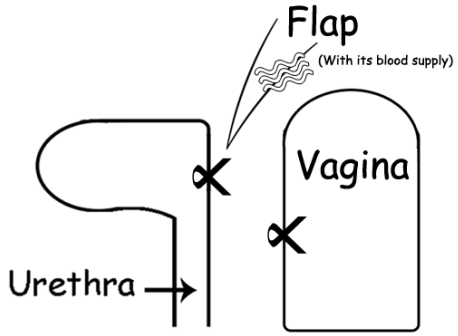
3- sauserization (sim's) (inter position)

- saucer قطعيه تشبه الطبق



4- What is the operation of fistula of irradiation?

- the operation which is done is:
 - suture defect in 2 walls
 - bring a flap with it's blood supply & insert it between vagina & urinary bladder



<u>As irradiation cause end arthritis obliterans</u>

ANATOMY

1- Isthmus length?

- 3.5 cm then L.S. increase at pregnancy to 10 cm & involutes after labor

Cervix length?

- 2.5 (1")

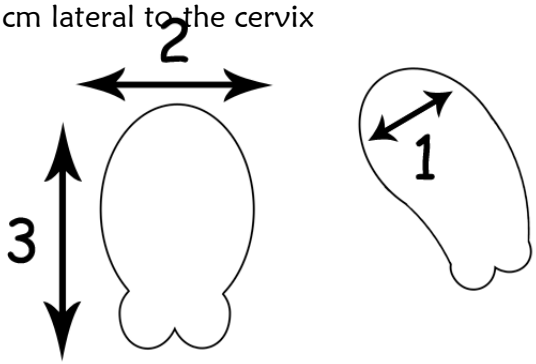
Site of cross of uterine artery and ureter?

- the uterine artery is above the ureter 1 cm lateral to the cervix

الميه تحت الكبرى

Dimensions of uterus?

- 3x 2 x 1 **inches**



2- Dimensions of the ovary?

- 3 x2 x 1 **cm**

Embryological origin of female tract

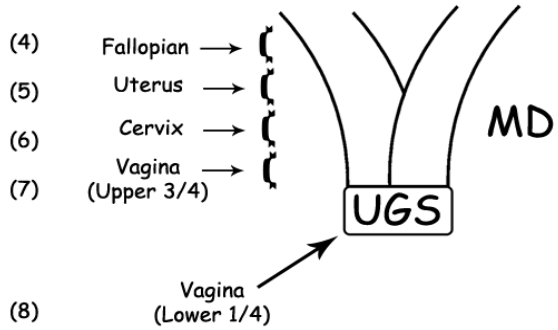
Clitoris==➔genital tubercle

Labia minora==➔genital folds

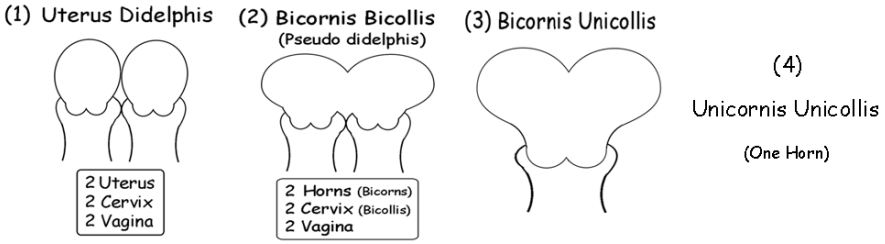
Labia majora==➔ genital swelling

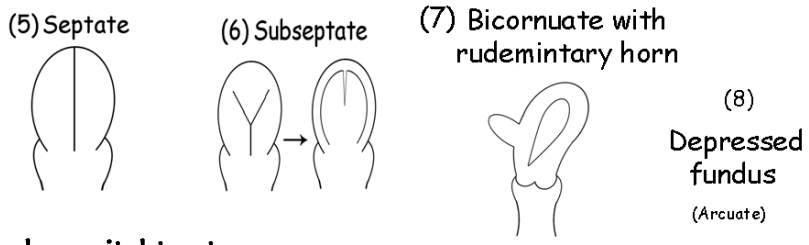
Hymen==➔from junction of Mullerian duct & urogenital sinus

Ovary==➔ from genital ridge by gubernaculums

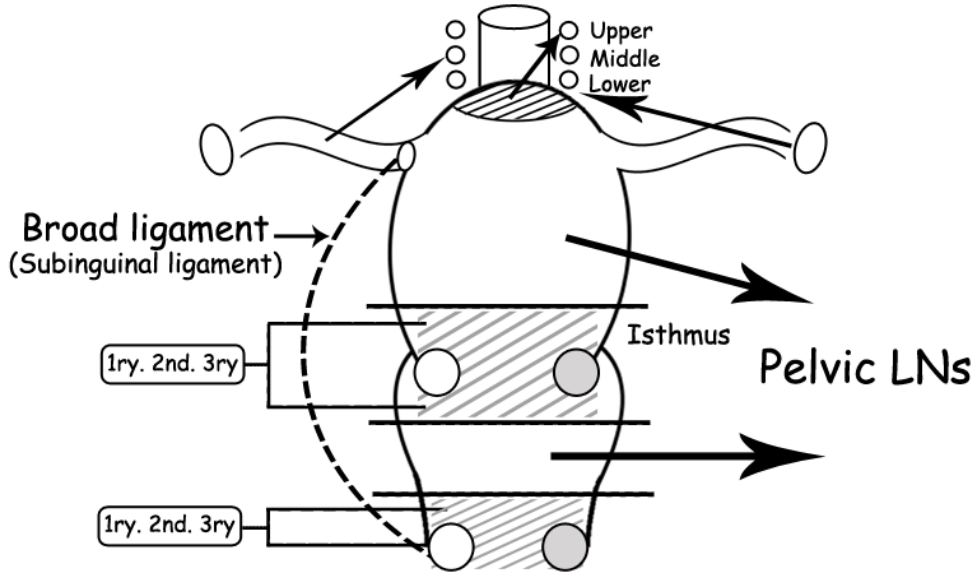


3- Uterus anomalies?





4. **lymphatic drainage of female genital tract**



- Ovaries , Tubes , Fundus → Para aortic LNs
- Upper vagina ,Isthmus → as cervix
- Cervix, Vulva → 1ry, 2ry, 3ry
- Lower vagina (as vulva)
- Body and middle vagina ===➔ pelvic LNs ==➔ internal iliac

- **Lymphatic of vagina**
 ===➔ upper……
 ===➔ middle……
 ===➔ lower……

4- What is your proof that the anterior vaginal wall is 8 cm?
- as (urethra= 4 cm) + (urinary bladder base= 4 cm)

And both urethra & urinary bladder are the anterior relation of anterior vaginal wall

5- What is the longest vagina recorded in the world?!!!!
- 12.5 cm posterior vaginal wall

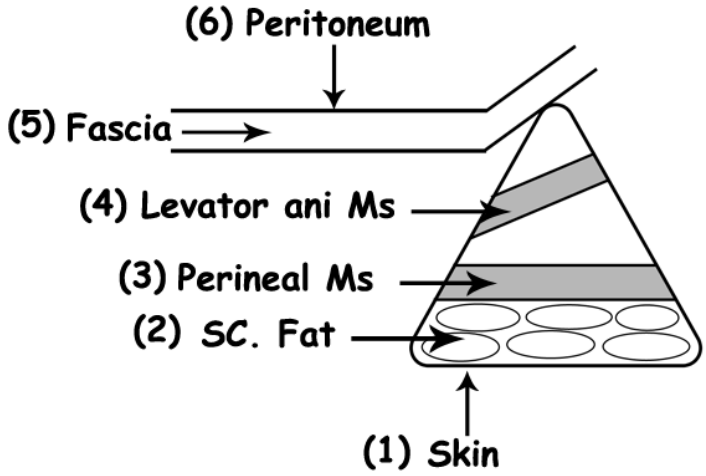
6- What are the normal dimensions of anterior vaginal wall & posterior vaginal wall?
- anterior= 8 cm
- posterior= 10 cm

7- Anatomy of ligaments of body and cervix?

8- Contents of broad ligament?

2 tubular ==➔ fallopian tube
==➔ureter
2 ligaments ==➔ round ligament
==➔ ovarian ligament
2 vessels ==➔ tubal branch of uterine artery
==➔ Tubal branch of ovarian artery
2 mesentery ==➔ mesosalpinx
==➔ Mesovariam
Others: NN, lymphatic, promethium & remnants of Wolffian duct

9- Layers of pelvic floor?



PROLAPSE

- **What's the Anatomical support of the genital tract ?**

a- True

1- Enobpelvic fascia.
2- Levator ani
3- AVF position of the uterus.

b- **False**:

1- Broad ligament
2- Ovarian ligament.
3- round ligament.

1- Difference between enterocele & hernia of Doglas pouch?

- enterocele==➔ must contain small intestine
- hernia==➔ may be empty or contains omentum or tube (not small intestine)

2- Why uremia in Prolapse?

- due to kinking of the ureter

3- Mention 3 uremia in gyna?

- Cancer cervix, Prolapse, fistula

4- Does the presence of backache is good or bad?

- It's better to be present as its absence means disruption of nerves inside the ligaments

5- back examination indications

- contracted pelvis ==➔ scoliosis
- Prolapse ==➔ spina bifida

6- Patient developed virginal prolapsed (not pregnant before) what should you examine her?

From below upwards:

1- Flat foot
2- Varicose veins
3- Umbilical hernia
4- Diverication of recti

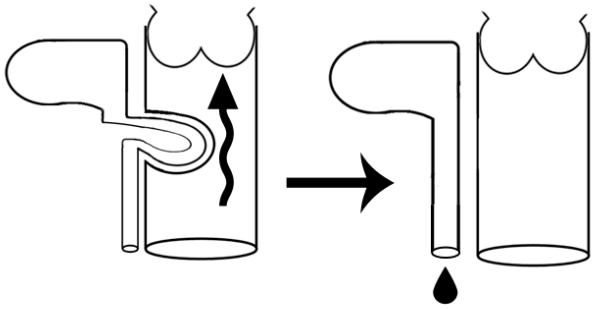
5- Visceroptosis
6- Spina bifida

7- **What should you examine to diagnose that prolapse is due to generalized weakness?**
Flat foot and varicose veins

8- **Value of scar in prolapse?**
If hysterectomy this is vault prolapsed
Previous repair this is recurrence
If hernioplasty then weakness is the cause

9- **What are the structures which are 4cm in length?**
1- Perineum
2- Female urethera
3- Base of bladder
4- Symphysis pubis
5- Pregnant cervix

10- **What is Youssef sign for diagnosis of stress incontinence?**
By volsellum elevate the cervix upwards → kinking disappears → stress incontinence appears



11- **Abdominal operation (Moschowrtz)?**
Obliterate douglas pouch

12- **What is the complication?**
Traction on ureters so the solution is
New Modified Moschwortz:
Obliterate only half of douglas pouch so no traction on ureters

INFECTIONS

1. **In Treatment of Gonorrhea what is main side effect of ROCIFEN?**
Pain (use Lidocaine locally)
2. **Most imp Investigations–chlamydia?**
Mono clonal Antibodies
 - **What is % of its sensitivity?**
 95% sensitive (تطلع + وهى فعلا موجودة)

99% Specific (Mixed with Other organism 1%)

3. **Treatment of pregnant Gonorrhea patient?** Erythromycin
4. **Syphilis nonspecific screen testes?**
 Using cardiolipin lecithin antigen (looks like treponema):
 a. Wasserman.
 b. VDRL (venereal disease research lap.)
 c. KHAN'S test.
5. **What is the treatment of syphilis?**
 Benzathine penicillin.
 Even if pregnant and sensitive to penicillin give her penicillin in desensitizing dose.
 If not pregnant but sensitive to penicillin give her Tetracyclin or Erythromycin.

- Why we don't use tetracycline and erythromycin in pregnancy?
 Because tetracycline is teratogenic and erythromycin can not pass the placenta so it is not effective.

6. **What is the treatment of C.N.S syphilis?**
 Crystalline penicillin (to pass blood brain barrier).
7. **What is the diagnosis of gardenerella?**
 Clue cells (adherent organism to cells if found it is diagnostic).
8. **Why we give metronidazole in the treatment of gardenerella?**
 To treat the anaerobic medium (by flagyl) so, retain the organism as a commensal again (as it converts to pathogenic in anaerobic medium).

9- How does candida reproduce?By budding.

9. **What is the type of diagnostic stain in monilia and trichomonas?**
 Methylene blue for monilia and Leishman for trichomonas.
10. **How can monilia be treated?**
 Something oral: Fluconoazole (single) 150mg
 Something local: clotrimazole.
 Something with many tablets: Ketoconazole cause itching so we give a cream with it.
11. **What is treatment of trichomonas in case of male?**
 Tinidazole 2gm single dose (4 tablets as single dose taken at same time every tablet is half gram).
12. **DNA or RNA virus is more dangerous?**
 DNA virus is more dangerous as it incorporates in DNA of cells and controls it.
 While RNA, when enters the cell, it become recognized and destroyed.
13. **Why AIDS although it is an RNA virus, it is considered very dangerous?**
 As it has 3 sensitive endings that recognize T-helper cells and enter them. But it has REVERSE TRANSCRIPTASE enzyme which converts RNA to DNA and remains dormant in the cells. After 10 years it flares and destroys T-helper cells, so decrease the immunity in all body.
14. **HPV ulcer** إيه المس الذي تضعه Podophyllin resin (25%).
15. **Side effect of acyclovir in treatment of HSV?** anti DNA, hepatotoxic (on liver cells).
16. **What is the action of AZIDOTHYMIDINE (AZT) in the treatment of AIDS?**
 It decreases the opportunistic infections (only) but don't treat the AIDS.
17. **Best investigations and treatment for bilhariziasis?**
 Stool and urine analysis and treatment with Praziquantel or bilarcil.

18. Compare between monilia and trichomonas discharge and characteristic findings?

Monilia	trichomonas
Mono = 1 Scanty = thick	TRI = 3 Profuse = thin
1 charecterisitc: itching	three characteristics: offensive, frothy & UTI (dysuria)
White cheesy	Yellowish green

19. Why Gardenerella cause fishy odor after intercourse?

As when it is exposed to alkaline medium of semen it produces H2S (offensive).

20. Mention one test for diagnosis of Gardenerella?

WHIFF test (one drop of discharge + KOH = fishy odor.

21. What are the causes of pruritis vulvae?

a. itching with discharge:
 Trichomonas vaginalis and candidiasis.
b. itching without discharge:
 1. Skin diseases (scabes,pediculosis).
 2. Contact dermatitis.
 3. uraemia.
 4. Jaundice (bile salts).
 5. vulval intraepithelial neoplasia. VIN
 6. Cancer vulva.
 7. Urinary and rectal eg. Fistula.

DYSFUNCTIONAL UTERINE BLEEDING

1. **Synonym of metropathia hemorrhagic?** = another name.
 Schroder's disease.

2. Why Metropathia hemorrhagica prolonged and profuse?

a. the endometriem is thickened
b. There are no prostaglandins.

3. Why metropathiahgica is painless?

As there is no prostaglandins

4. What is the most important investigation for DUB (metropathia hgica)?

- Ultrasound

5. what is the treatment of DUB (metropathia)?

a. If minimal: Reassurance and conservative.
b. If severe: Dilatation and Currettage (D andC) except if there is Bleeding disorder, Give large dose of estrogen.
 - Why we give large dose of estrogen?

As it causes hypertrophy of glands – stroma على حساب so it can cause mechanical closure of blood vessels.

c. If mild to severe:
 i. < 40 years: medical ttt:
 * Hormonal: progesterone

* Non.Hormonal
 - Anti prostaglandins.
 - Anti fibrinolysin
 - Iron in case of Anemia

ii. **>40 years: for fear of malignancy: Fractional currettage** : any type of DUB may be present except secretory (But if she is on progesterone therapy : Secretory may be found)

6. What is the Value of fractional curettage?

a- exclude malignancy

b- Surgical trauma of Blood vessels will stop the bleeding

HIRSUTISM

1. What is the source of testosterone?

i. 50% peripheral conversion.

ii. 25% from Adrenal gland

iii. 25 % from ovary.

2. What is the most important hormone of Adrenal gland?

DHEA – sulfate as 100% from Adrenal

3. What is the level of free testosterone in blood? 2-12 pg /ml

4. Types of hair?

Terminal (شنب و ذقن) ,

vellus (before puberty),

lanugo hair (fetus).

5. What are the most important causes of hirsutism? Idiopathic.

6. What is the treatment of hirsutism?

Cyproterone acetate (androcure)

Finastride: acts by inhibiting 5 alfa reductase

Dian Cyroterone: for ttt of hirsutism

Dian Estrogen: for ttt of acne.

Spironolactone: obsolete

ABORTION

1) What are the causes of bleeding in Pregnancy?

1- Ectopic pregnancy.
2- Abortion
3- V.M (vesicular Mole)
4- Placental sign (Hartman)

2) حمل غزلانى what does this mean ?

Def.: spotting at expected time of menses, due to dec. in estrogen causing shedding of decidua paritalis.

- Why bleeding disappear. At 4th month?

Due to fusion between decidua capsularis & paritalis.

- What's the def. of decidua?

It is endometriem of Pregnancy.

3) What's the age of viability in Egypt? 28ws
USA? 20 ws
uk? 24 ws.

4) What are the causes of abortion?

a. infections:
What's the mode of transmission of Toxoplasmosis infection?
1- UN cooked meat.
2- Food contaminated by cat's stool
- Toxoplasmosis causes single or habitual abortion?

Single.
Why?
Because Infection By toxoplasmosis once induce immunity, so it will never cause abortion again.

b. Trauma:

ليه عود الملوخية أحسن طريقة للأجهاض

1- slippery
2- Hygroscopic (absorb water) → ↑ in size → open the cervix causing Abortion.

c. Drugs:
• What's the composition of Ergot?
Ergotamine → vc (Gangrene)
Ergometrine →increase uterine Contraction → abortion.
• Purgatives:
Purgatives induce abortion, so how to treat constipation with pregnancy?
1- Milk
2- Vegetables.
3- Glycerin rectal suppository.

d. Absent blocking Antibodies:
* How to treat this condition?
1- Aspirin
2- Subcutaneous Heparin.

e. Blighted ovum: chromosomal abnormalities of the fertilized ovum result in the formation of an empty pregnancy sac (no fetus).
* The condition is seen by ultrasound (anembryonic sac).
* In blighted ovum: There's outer cell mass without inner cell mass
→ it causes bleeding in early pregnancy.
Treatment: surgical evacuation & folic acid to avoid recurrence.

5) Smoking con cause IUGR, How?
Nicotin causes hypertension, ↓ blood flow to the baby → IUGR

6) How can U diff. between Ectopic & Abortion in one word? Ectopic = pain

Threatened abortion:

7) Which is better synthetic or Natural progesterone in hormonal therapy?
Natural, as synthetic contain Androgen which causes virilization of female fetus.

8) What is the natural Progesterone?
Oral: uterogestan, IM: Primolut depot .

9) What's the diff. between CS & Hysterotomy?

Hysterotomy < 28 weeks.
C.S. > 28 weeks.

Isthmic incompetence

History:

1) **Why there's Rupture of membrane?**
 As there's no support the cervix is opened.
2) **Why there's Rapid expulsion of the fetus with minimal bleeding & pain?**
 As the cervix is dilated.

Investigations:

3) **HSG ايه الحالة الوحيدة فى المنهج بعمل قبل الدورة ؟**
 Isthemic incompetence.
 Why?
 To show maximum effect of progesterone on internal os.

Cerclage

1) **Why cerclage should be done between 12-16 weeks?**
 12 weeks → to exclude chromosomal Abnormalities
 16 weeks cervix Is v. high, It may cause Rupture of membranes.

McDonald's cerclage:

2) **Why the suture is posterior?**
 To avoid irritation of the bladder.
3) **أربط أمتى ?**
 On expression of cervical mucin from external os.
4) **What are the sutures used?**
 Absorbable sutures eg. Silk, nylon (mersilene tape).
5) **What are the indications of permenant CS?**
 1- Abdominal cerclage.
 2- Extreme degree contracted pelvis.
 3- Sacculation of the uterus.
 4- Soft tissue obstruction.

ECTOPIC PREGNANCY

1. **Why did the incidence of Ectopic Pregnancy increase from 1 from every 250 case to 1 every 80 case?**
 Because of :
 a) better diagnosis with laparoscopy
 b) Sexually transmitted diseases which cause salpingitis.
 c) Intra uterine device (IUD)
 d) Tuboplasty
 e) ZIFT, GIFT
 (Zygote intra fallopian Transfer), (Gamete intra fallopian transfer).
2. **How can IUD (intra uterine device) cause Ectopic Pregnancy?**
 By:

a) Prevention of intrauterine Pregnancy
b) Displaced IUD induce tubal Spasm which Prevent delivery of the ovum to the uterus

3. **In normal Pregnancy why does the embryo leave the tube and go to the uterus?**
 Due to presence of adequate nutrition in uterus
4. **What is your evidence that Trans Peritoneal migration have occurred?**
 In Trans peritoneal migration corpus luteum is Present on one Side and the Ectopic Pregnancy will develop on the other side (other tube)
5. **What is Arias – Stella reaction?**
 It is a hyPersecretory state Present with any case of high progesterone level as in case of Ectopic pregnancy, Normal Pregnancy and progesterone treatment.
6. **On Tubal rupture where does the bleeding come from?**
 Bleeding Comes from the uterus because when the tube ruptures the baby dies and so there is no HCG → and no corpus luteum
 → No Estrogen or Progesterone consequently There is no deciduas proliferation so it goes down as bleeding.
7. **In sub acute type of tubal pregnancy:**
 a. Why there is Left Shoulder pain but no right shoulder pain?
 Due to irritation of the left phrenic nerve while the Rt. Phrenic nerve is covered by the liver.
 b. Why there is slightly high temperature?
 Due to absorption of altered blood intraperitoneal which induce pyrogens secretion
8. **What is Cullen sign and how can you explain it?**
 It is dark bluish discoloration of the umbilicus and it is caused due presence of lymphatic communication between intraperitoneal cavity and the skin around the umbilicus so in case of intra peritoneal Hemorrhage this color develops.
9. **What is the meaning of Heterotropic pregnancy?**
 It is a rare case in which there is intrauterine and extra uterine pregnancy in the same patient and it is managed by terminating the extra uterine and keeping the intrauterine pregnancy
10. **In Ectopic pregnancy what is the most important type to be diagnosed?**
 - The undisturbed type.

OVARIAN PREGNANCY

1. **What is meant by speigelberg criteria?**
 It is the criteria used for diagnosis of (or detection) of ovarian pregnancy during operation and it is:
 a- intact tube on the same side (affected side)
 b- Pregnancy (Sac) at the anatomical site of the ovary
 c- Pregnancy (Sac) attached to the uterus by ovarian ligament
 d- Histo Pathological examination reveals ovarian tissue
2. **How can you differentiae between Pregnancy in a rudimentary horn and interstitial pregnancy?**
 <u>By round ligament:</u>
 If pregnancy (mass) is medial to round ligament so this is pregnancy in a rudimentary horn.

If Pregnancy is lateral to the round ligament so this is interstitial Pregnancy → and it is more dangerous as it cause severe intra peritoneal hemorrhage

3. **How can you differentiae between cervical pregnancy and cervical Abortion?**
 Cervical pregnancy in Painless and by sound there is a site of attachment.
 Cervical Abortion: is Painful
 And by sound there is No site of attachment.

VESICULAR MOLE (V. IMP.)

1. **What are the layers of placental barrier?**
 a. Wall of maternal Blood vessels?
 b. Syncytiotrophoblast.
 c. Cytotrophoblast.
 d. Connective tissue core.
 e. Wall of fetal Blood vessels.

2. **What are the Predisposing factors for vesicular mole?**
 a. Age: Extremes.
 b. Parity: Multipara.
 → In Egypt.: More common in Primi
3. **Mention 2 clinical cases occur in the extremes of age?**
 a. **Pre-eclampsia.**
 b. Vesicular Mole.

*** Types (VVV. imp.)**

4. **Mention 2 clinical cases occur by parthenogenesis?**
 a. Vesicular mole.
 b. Germ cell Tumor.
5. **What are the numbers of vesicles in complete type?** 16 x 16.
 As it's formed of 16 villi, and each villus is divided into 16 villi & each villus is changed into vesicle.
6. **Which is more dangerous invasive mole or metastatic mole?**Invasive type
 Why?
 As invasive type is complicated with severe internal hemorrhage or Rupture uterus. Wile metastatic type send metastasis to the lung which soon dies after reaching the lung causing no complications.
7. **What's the only benign Tumor that sends Metastasis?**
 Vesicular mole, as the trophoblast has the ability to invade.
8. **How to differentiate between theca lutein cyst & corpus luteim?**
 Theca lutein cyst is bilateral, while corpus luteim is unilateral.
9. **In which cases fetus is present with Vesicular mole?** Partial vesicular mole or twins.
10. **Which type of twins?**Binouvlar Twins.
11. **What's the treatment in case of twins?**
 Follow up. Once there's complication you have to do evacuation.
12. **Mention 2 cases that cause hyperthyroidism? (inc. TSH)**
 a. Vesicular mole.

b. Struma ovarii

13. **What are the causes of acute abdominal pain in vesicular mole?**
 a. Invasion
 b. complicated ovarian cyst

PUERPERAL SEPSIS

- **Why is aerobic infection more dangerous than anaerobic?**
 - Aerobic → ملهاش شروط
 - Anaerobic → ليها شروط → retained placenta
- **In case of Endometritis, which is more dangerous: small size or large size uterus and why?**
 - Small uterus. → dangerous as it indicates septic endometritis which favors spread of infection beyond the uterus.
 - Large uterus. → indicates putrid Endometritis which is localized in the ut. with much easier ttt
- **Offensive and non-offensive discharge?** Same as above

- **1ry or 2ry site of P.S can cause septicemia and why?**
 - 1ry, as the onset of septicemia is about the 3rd or 4th day after delivery, so it can't be after 2nd site which takes 8 days to develop while 1ry site can occur after 2 days as in the case of septic Endometritis
- **What's the DD of jumping sign**? PID, Ectopic Pr.
- **How to diff.?** by laparoscope
- **Why is there continuous vomiting with generalized Pertonitis?**
 - Due to generalized Per., it leads to paralytic ileus which causes a dynamic int. obstruction
- **Why is there ↑ pulse & temp.?** due to dehydration which is due to vomiting
- **Why is the rigidity less marked?** Due to overstretch of the ant. Abdominal wall muscle which leads to laxity of the ant. Abdominal wall
- **Which is more dangerous Pelvic Thrombophlepitis or Phlebothrombosis?**
 Phlebothrombosis
- **Why?** As the clot of Phlebothrombosis. is more liable to detach and lead to pulmonary embolism while that of thromb. Is firm and less liable to detach.
 Why Thrombophlepitis is fever resistant to Antibiotics?
 As the organism is trapped in the thrombus
- **What's the ttt?**
 a. Heparin to dissolve the thrombus
 b. Antibiotics
- **What's the def. of parametrium?** Pelvic cellular tissue lateral the uterus.
- **What's the most common site of pointing of an abscess in parametritis?** Above the inguinal ligmant
- **With septicemia why there's ?**
 - Jaundice? Rupture of RBCs by the toxin
 - Flushed ? VD of skin BV due to toxins

- ↑HR? direct action of toxin on the heart

- **What are the Abs to be given?**
 - Ampicilin for Gram + ve (IV)
 - Garamycin for Gram – ve (IM)
 - Metronidazole for anaerobic inf. (IV)

MISCELLANEOUS

URETERIC INJURY

- **Commen site of Ureteric injury:**
 1- Medial to infundiblopelvic ligament ---- during hysterectomy.
 2- Lateral to uterosacral ligament ---- during hysterectomy.
 3- During Exicison of Parametrium ----- during Wertheim operation.
 4- During clamping of uterine artery ----- during hysterectomy
 5- Grasping vaginal angle ---- during hysterectomy
- **In wethiem operation all arteries are injured except one artery?** Micheal artery from internal iliac artery

- **Treatment :**
 1- End to End Anastmosis
 2- End to side Anastmosis.
 3- Re-implantation.
 4- Boari Flap operation (a flap is taken from bladder wall ---- tube like structure).
- **DD. Of uterine polypi?**
 1. Fibroid
 2. adenomatus
 3. Hyperplastic
 4. Malignant
 5. Bilharziasis
 6. Placental polyp.
- **Calcified shadow in the pelvis ? (Radio- opaque)**
 1. bladder stone
 2. FB
 3. IVD
 4. living fetus ---- skeleton
 5. dead fetus ---- lithopedion
 6. Calcified fibroid
 7. Clips (tubal clips).
 8. Teratoma (teeth)
 9. Genital TB.

10. Phlebolith (Calcified blood vessels)

- **DD of Cervical Ulcers?**
 1- Malignant (raised everted edge)
 2- Sphyilis (punched out edge)
 3- TB (underminded).
 4- Bilharziasis + 2ry infection.
 5- Herpetic (small & painful)
- **DD of Vulva ulcer ?**
 Same as above + Basal cell carcinoma (rodent ulcer) --- rolled in edge.
- **DD of haematosalpinx ?**
 1- Ectopic Pregnancy. (Tubal Mole).
 2- Endometriosis.
 3- Malignancy.
 4- Cryptomenorrhea.
- **Types of cervical laceration**?
 1- Unilateral & More common on left side due to Dextro-related uterus.
 2- Bilateral : at weakest Point (3 & 9 O'clock) site of fusion (Embryology)
 3- Satellite
 4- Button hole]
 5- Annular.
- **Annular detachment is more common in:**
 1- Primi-gravida.
 2- Cephalo pelvic dispropotion.
 3- Prolonged obstructed labour.
 Trtement : Just Antibiotics.
- **DD of vulval swelling?**
 a) Appearing:
 - Inguinal region ---- inguinal hernia
 - urthera ---- cruncle
 - Vagina ---- vaginal prolapse.
 - Uterus --- uterine Prolapse.

 b) Arising:
 (1) cystics : B ---- Bartholine cyst
 C---- Clitoridol cyst
 D --- Dermoid: congenital, acquired
 E ---- Endometriosis
 F---- Frunculosis.
 G --- Glandular Cyst: Sebaceous, Sweat
 H----- Hemorrhagic (later)

 (2) Soild :
 - Congenital
 - Traumatic: hematoma of the vulva.
 - Inflammation: vulvitis.
 - Vascular: edema varicose veins. Lymphedema.
 - Tumor.

- **DD of functioning ovarian swelling?**

a) Non Neoplastic :

1. Follicular cyst (Estrogen)
2. Corpus letum cyst (progesterone)
3. Theca lutien cyst (Androgen)
4. Pregnancy Luteoma (Androgen).

B) Neoplastic:

1) Feminizing ovarian Tumor ----- Estrogen
 - thecoma
 - Granulosa cell tumor
 - Gynadroblastoma.

 NB: Sex cord Tumor with annular Tubules.

2) Verilizing ovarian Tumor --- Androgen
 - Sertoli leydig cell tumor
 - Gynadroblastoma

 NB Adrenal rest tumor = lipoid cell tumor.

3) Others:
 - T4 ----- Struma ovarii
 - SHT ---- Carcinoid tumor.
 - Cortisone ---- adrenal rest tumor.
 - HCG ---- choriocarcinoma.
 - & F P ---- Yolk Sac Tumor.
 - HCG + & FP ---- Embryomal carcinoma, Embryoma
 - Lactate dehydrogenase + Alkaline phosphates--- dysgerminoma.

 NB: krukenberg & brunner is non function ---- But they irritate stroma to produce sex hormone.

- **DD. of symmetrical enlarged uterus**

Obs:

- Normal Pregnancy.
- Abnormal pregnancy. (ex. : vesicular mole, ectopic)
- Sub involution

Gyne :

- Fibroid(submucous, single fundal interstitial Fibroid)
- Diffuse adenomyosis.
- Pyometra
- Hematometra.
- Metropathia hemorrhagic

- **DD of Mass in doglus pouch ?**

1- uterus 8- 3rd degree RVF40% - Post. Wall fibroid

2- Tube :
- Hydrosalpinx
- pyosalpinx
- carcinoma
- ectopic

3- ovary: ovarian mass
Ovarian prolapse.
4- Douglas pouch : - Pelvic abscess
- Pelvic hematocele
- Endometriosis
- TB

5- Rectum: - Fecal mass - Cancer rectum.
6-Ptosis of kidney

- **DD. of pelvi-abdominal mass :**

1- uterus : obs: Normal Pregnancy
Abnormal pregnancy & vesicular Mole
Subinvolution
gyna : Fibriod
Pyometra
Hematometra

2- Tube : hydrosalpnix, pyosalpnix
3- Ovary: ovarian tumor.
4- Doglus Pouch : Pelvic hematocele
5- Vagina: cryptomenorrhea
Hematocolpus
6- Rectum : Fecal mass
6 F - Full bladder
- Flatulence (gases).
- Fetus
- Phantom (Pseudo pregnancy)
- Fluid (ascites)
- Fecal mass
- Fatty (obese)

- **DD of acute abdominal pain with pregnancyDD of acute abdominal pain with pregnancy?**

1- Acute polyhydraminas
2- Chorio Aminotis
3- Conceled acc. Hge.
4- Rupture uterus.
5- Advanced extra uterine abdominal Peg.
6- Acute salpingitis with pregnancy
7- Sickle cell Anemia
8- Pyelonephritis
9- Complicated fibroid & ovarian tumor.
10- Diabetic ketoacidosis
11- Disturbed Ectopic
12- Appendicitis, Cholecystitis
13- Ureteric stone, intestinal obstruction
14- Perforated peptic ulcer, rupture liver & spleen
15- Mesenteric vein thrombosis.

- **Mention 5 Sim's ?**
 1. Sim's speculum
 2. Sim's position.
 3. Sim's Huhner test (post coital test)
 4. Sim's operation (saucerization operation in ttt of fistula)
 5. Semm's cold coagulator (endo-coagulation in the ttt of chronic cervicitis)
- **Perineal tears:**
 - Why 2nd not 3rd degree prolapse is associated with prolapse?
 In case of 3rd degree there's reflex spasm of levator ani to become contient to stool ---- become stronger ----- prevent prolapse .
 - What's the name of the operation done for the treatment of old perineal tear?
 Lowsen Tait operation
- **3rd stage complication**:
- **in case of atonic post partum hemorrhage why the uterus is tender?**

Due to: 1- Stretch of Nerve fibres in the wall of the uterus
2- Stretch of the covering peritoneum.

- **Treatment of placental site bleeding after delivery of the placenta :**
 1. inspection for any missing parts
 2. give Erogometrine (4 ampoules) + massage
 3. palpation of the uterus for any retained parts
 4. if atony persist → methyl PG F alpha intramuscular or intramyometrial (never IV → coronary spasm)
 5. if atony persist → bimanual compression of the uterus
 6. if atony persist → bilateral ligation of anterior division of internal iliac artery
 7. if atony persist →subtotal hysterectomy
 - **Why Bilateral?** due to presence of collaterals
 - **How can you detect the anterior division of the internal iliac artery?**
 - اربط تحته posterior division أول ما أشوف ألـ

- **Ante partum = postpartum?**
 - NB: hemorrhage → anemia → hypoxia → decrease uterine contraction → atony → postpartum hemorrhage
 1. placenta previa cause postpartum hemorrhage through:
 a) retained parts (due to invasion of the lower part by trophoblasts)
 b) trauma (manual separation)
 c) bleeding as above
 d) infection from vaginal flora
 2. accidental hemorrhage causes postpartum hemorrhage through :
 b) DIC
 c) Excessive damage of the myometrium → no contractions → bleeding→ atony
 d) Due to associated liver pathology

PLACENTA PREVIA

1. **What are the indications of cesarean section in placenta previa?**
 a. Complete centralis.
 b. Incomplete.
 c. Vasa previa
 d. Posterior marginalis.
2. **What are the cases in which PV examination is contraindicated?**
 a. Virgin patient.
 b. Premature rupture of membrane: because infection may occur.
 c. Placenta previa: separation may occur.
3. **In accidental hemorrhage what is the difference between IUGR (intrauterine growth retardation) and IUFD (intrauterine fetal death)?**
 In case of IUGR there is less than half placental separation WHILE in IUFD there is more than half placental separation.
4. **Criteria of Couvlaire uterus?**
 a. IUFD.
 b. Complete separation of the placenta.
 c. Large retro-placental haematoma.
 d. Disruption of muscle fibers.
 e. Sub peritoneal hemorrhage + fissuring.
5. **Is it easier to detect vasa previa before OR after rupture of membranes?**
 It is easier to detect it after rupture of membranes.
6. **How can you detect vasa previa after rupture of membranes?**
 In case of placenta previa the mother will have few drops of bleeding but there will be severe fetal distress and this means that the baby is bleeding not the mother.
7. **How can you manage the previous case?**Immediate cesarean section.
8. **If you discovered that the source of bleeding is the mother, How can you manage ?**
 Cesarean section.
9. **By colored Doppler, How can you detect the previous case before labour?**
 By differentiation between the maternal blood and fetal blood.

	Maternal	Fetal
RBCS	Un nucleated	nucleated
spectrophotometer	Hb A	Hb F

COTRACTED PELVIS:

- **What are the causes of a asymmetrical pelvis?**
 1. Naegele's pelvis (imperfect development of one sacral alum)
 2. scoliosis
 3. unilateral fracture
 4. unilateral disease
- **What are spondylolisthesis?** Contracted inlet & outlet.
- **What is Dystrophia dystocia syndrome?**
 1- very short , 2-very obese , 3-muscular , 4-hirshtiusm , 5-android pelvis

- **Indication of C.S in contracted pelvis?**
 1. failed trial of lobour
 2. marked disproportion with living fetus
 3. extreme disproportion with living or dead fetus
 4. contracted outlet.
- **Android تعرف أزاى عيانة أنها ?**Short and muscular

TWINS

- **What is the incidence of twins?**
 Measured by Hellinl;s formula (1/ 80n -1) n= no of fetus
- **What is superfecundation and superfetation?**
 - Superfecundation: 2 ova in the same cycle fertilized by 2 sperms in 2 different act of coitus
 - Superfetation : 2 ova in the 2cycle , occur in animals only بيبي فوق بيبي
- **Twin to twin transfusion = discordant twins**
- **During pregnancy which baby is more subjected to death?** donor
- **During delivery which baby is more subjected to death?**
 both , donor from anemic heart failure, recipient from overload heart failure
- **How to differentiate between identical twins?**
 Voice, finger print and iris pattern
- **Best time for diagnosis of twins by US?** 1st trimester
- **What's Arnaux sign**? By auscultation the 2 fetal heart sounds may be superimposed.

NORMAL LABOUR AND MALPRESENTATION

- **What are the types of female pelvis?**
 1. Gynecoid , 2. Android 3.Flat
 4. Anthrapoidزي بتاع القرود 5. Mixed

1st stage of labour:

- **Diltation :**
 - عكسها : closed, Measured in cm or fingers, Fully dilated : when I cant't identify the cervix
- **Effeacement :**
 - عكسها : formed, Measured %, Fully Effeaced : when the thickness of the cervix = thickness of adjacent lower uterine segment
- **Management of 1st stage:**
 - تنام و لا تمشى ? according to the membrane
 If ruptured → bed rest, not rupture → walk
- **Why sleeping on the back should be avoided?** To avoid compression of the IVC by gravid uterus → decrease venous return → decrease COP → decreased placental perfusion
 - Sleep on the left side due to dextro-rotation of the uterus

- Nutrition : avoid eating to avoid Mendelson's syndrome (vomiting and aspiration of the vomits may occur during anesthesia), if latent phase sugary →fluids, active → IV fluids

3rd stage:

- **What are the signs of placental sepration?**
 a) Uterus become smaller , harder , globular
 b) Supra pubic pulge
 c) Elongation of the cord
 d) Gush of blood
 e) Milking of the cord, refill of the cord → not separated , no filling → separated placenta

CONTRACEPTION:

OCP:

- **What is the difference between break through bleeding and withdrwal bleeding?**
 break through bleeding → bleeding while taking the pills
 withdrawal bleeding → after stoppage of pills
- **Is menstrual disturbance during taking the pills considered menstruation?** NO, it's called menstrual like bleeding
- **What are the causes of post pill amenorrhea?**
 1. hypothalamus hypersensitivity to estrogen
 2. hyperprolactememia
 3. endometrial atrophy

 ttt: clomid (unknown action)
- **What's Nor plant?** Biodegradable subdermal implants
- **What's Norminest pills**? 21 OCP + 7 iron tablets during steroid free week to attain continuous drug intake.
- Most important investigation to be done for face or OP ?
- Face Presentation ---- us ----- to exclude congenital Anomalies
 OP ---- PV ---- to exclude contracted pelvis

▪ **Chest** امتي اسمع علي ? Direct op. ,Direct Menreposterior.

▪ **Shoulder** تحب تعملها ايه بعد الولاده لعيانه ?

To exclude congenital Anomalies of the uterus ادخل ايدي بعد الولاده